Chapter 8

Listening to late discovery adoption and donor offspring stories: adoption, ethics and implications for contemporary donor insemination practices

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For most of the 20th Century a 'closed' system of adoption was practised throughout Australia and other modern Western societies. This 'closed' system was characterised by sealed records; amended birth certificates to conceal the adoption, and prohibited contact with all biological family. Despite claims that these measures protected these children from the taint of illegitimacy the central motivations were far more complex, involving a desire to protect couples from the stigma of infertility and to provide a socially acceptable family structure (Triseliotis, Feast, & Kyle, 2005; Marshall & McDonald, 2001).

From the 1960s significant evidence began to emerge that many adopted children and adults were experiencing higher incidences of psychological difficulties, characterised by problems with psychological adjustment, building self-esteem and forming a secure personal identity. These difficulties became grouped under the term 'genealogical bewilderment'. As a result, new policies and practices were introduced to try to place the best interests of the child at the forefront. These changes reflected new understandings of adoption; as not only an individual process but also as a social and relational process that continues throughout life. Secrecy and the withholding of birth information are now prohibited in the overwhelming majority of all domestic adoptions processed in Australia (Marshall & McDonald, 2001).

One little known consequence of this 'closed' system of adoption was the significant number of children who were never told of their adoptive status. As a consequence, some have discovered or had this information disclosed

to them, as adults.

The first study that looked at the *late discovery* of genetic origins experiences was conducted by the Post Adoption Resource Centre in New South Wales in 1999. This report found that the participants in their study expressed feelings of disbelief, confusion, anger, sorrow and loss. Further, the majority of participants continued to struggle with issues arising from this intentional concealment of their genetic origins (Perl & Markham, 1999).

A second and more recent study (Passmore, Feeney & Foulstone, 2007) looked at the issue of secrecy in adoptive families as part of a broader study of 144 adult adoptees. This study found that secrecy and/or lies or misinformation on the part of adoptive parents had negative effects on both personal identity and relationships with others. The authors noted that those adoptees who found out about their adoption as adults were 'especially likely to feel a sense of betrayal' (p.4).

Over recent years, stories of secrecy and *late discovery* have also started to emerge from sperm donor conceived adults (Spencer, 2007; Turner & Coyle, 2000). Current research evidence shows that although a majority of couples during the donor assisted conception process indicate that they intend to tell the offspring about their origins, as many as two-thirds or more of couples continue to withhold this information from their children (Akker, 2006; Gottlieb, A. McWhinnie, 2001; Salter-Ling, Hunter, & Glover, 2001).

Why do they keep this secret? Infertility involves a range of complex factors that are often left unresolved or poorly understood by those choosing insemination by donor as a form of family building (Schaffer, J. A., & Diamond, R., 1993). These factors may only impact after the child is born, when resemblance talk becomes most pronounced. Resemblance talk is an accepted form of public discourse and a social convention that legitimises

the child as part of the family and is part of the process of constructing the child's identity within the family. Couples tend to become focused on resemblance as this is where they feel most vulnerable, and the lack of resemblance to the parenting father may trigger his sense of loss (Becker, Butler, & Nachtigall, 2005).

Several studies have reported on the identity experiences of donor conceived offspring who have grown up in a climate of secrecy. These studies have revealed feelings of genealogical bewilderment, family/parental disharmony, a need for recognition and understanding, effects on the establishment of trust, and feelings of distinctiveness in relation to others. In addition, these studies have noted the parallels to the identity experiences of those who were adopted under 'closed' systems (Spencer, 2007; Turner & Coyle, 2000).

Historically, a psycho-therapeutic approach has been the most common treatment offered to those *suffering* genealogical bewilderment. While this approach can undoubtedly be beneficial at its core it is an individualised and medicalised response which fails to account for the complexity of the personal, relational and social responsibilities and expectations involved in these practices. Despite the fact that there are significant differences in the practices involved - adoption is framed within the social sciences and donor assisted conception within the bio-medical field – the commonalities of experience found in many late discovery stories reveal broader issues at play than what can be dealt with through a purely individual response. These commonalities involve feelings of *betrayal of trust*, and a perception that the intentional concealment of knowledge of, and/or the withholding of information about, their genetic origins was *unjust*. Such feelings are about relationships and social practices, and therefore demand relational and social responses.

In the following sections, excerpts from stories gathered from late discovery adopted people *and* late discovery donor insemination offspring are

combined to draw attention to the commonalities of experience between them. All of the late discoverers in this study are continuing to struggle with the effects that secrecy has had on their lives. Two major themes are noted and their implications explored. The first deals with the issue of *trust* and the second with *recognition***.**

Secrecy

Family therapist Evan Imber-Black (1993, 1999) asserts that a central secret in a family or a relationship distorts and mystifies communication processes. He describes secrets as

> 'systemic phenomena' that can 'disallow conversation in many areas', seriously impairing a 'family's ability to solve problems or to confront normal developmental issues' (1993, p.11-13).

This is reflected in late discovery stories where they talk about the sense of 'difference' they experienced even when they did not know that a secret was being kept from them. The excerpts that follow are taken from stories gathered as part of the author's ongoing research on this experience and are intended to highlight the commonalities of experience despite the difference in practices. In the Notes section each person is identified by status, age at discovery and length of time since discovery.

Rosemary remembers *'…growing up I always felt there was something [missing] but a story was always fabricated to answer my questions'*. Similarly, Sally felt that she had *'never fitted with the family she grew up in'*, and Cameron knew *'something was very wrong…something was definitely not right...[I] internalised the 'wrong' and made it about me'*. Heather comments that *'it actually answered many questions that I had simply shrugged off in the past…whenever I would attempt to find family similarities with my father and his side of the family, my parents would give me polite smiles with nods and averted eyes. The subject was quickly changed or re-directed'*. Adam recalls *'while growing up…I wondered if I*

was adopted. There was always something at the back of my mind about this', while Wendy notes that *'for as long as I can remember, dad has loathed my sister and I [because we are not 'his']…and…he has [now] openly admitted this'*.

British social researcher Dr. Alexina McWhinnie (2001) suggests that secrecy in donor assisted conception can be so central to a family's function and their relationships with others, that it is 'maintained' or 'managed' by denial of recourse to this different form of family building.

> 'Experience shows that once a partnership has presented the child to their family and friends as a child of the partnership, they maintain the secret…It is hard to turn back' (p 811).

Despite the weight of evidence that informed the changes in adoption practice, this evidence has not been fully embraced by the bio-medical community. The factors that inform this situation are beyond the scope of this chapter; however the historical lack of cooperation and cross-fertilisation of research between the social sciences and bio-medical disciplines must be a major contributor (Delany, 1997; O'Shaughnessy, 1994). As a result, and despite the evidence based changes in adoption practice, children born as a consequence of donor insemination technology are issued with amended [falsified] birth certificates that imply the non-genetic father is the genetic father.

In Australia, the National Health and Medical Research Council (NHMRC) provides guidelines for clinical practice and research, and these guidelines recommend couples tell a donor conceived offspring of their origins.

> 6.1.2 Clinics should help prospective recipients to understand the significant biological connection that their children have with the gamete donor. Recipients should be advised that their children are **entitled** to knowledge of

> their genetic parents and siblings; they should therefore be encouraged to tell their children about their origins [emphasis added].

Despite this recommendation, there are continuing demands from clinics, fertility specialists and others to maintain donor anonymity and to continue the legal fiction of issuing birth certificates that conceal information about the child's genetic origins.

Only two states in Australia have enacted legislation to regulate donor assisted conception practices and allow access to identifying information at the age of 18 years. Victoria was a world leader in this regard when it passed the Infertility Treatment Act 1995, and New South Wales has recently followed their lead with the Assisted Reproductive Technology Act 2007. The majority of the other states or territories only permit access to non-identifying information at 18 years (16 in South Australia). While there is nothing in the legislation which forbids access to identifying information if all parties consent in South Australia and Western Australia, neither is there any right to access identifying information.

Despite this mish-mash of approaches, all states alter the birth certificate to perpetuate the fiction that the parenting male partner is also the biological father. While legal recognition of a parenting father may be desirable, in these circumstances this *legal fiction* appears to reflect a desire to protect the couple, but more specifically the parenting male partner, from the stigma of infertility. This echoes the *as if* quality of 'closed' adoption practices - *as if* infertility had never occurred, *as if* the adoptive parents were biologically connected to the children, *as if* this family was no different from biologically connected families.

Rather than being in the best interests of the child I would argue that this view places the mother and the parenting male partner at the centre of concern. In fact, it could be argued that, *for the child*, sperm donor assisted

conception has little, if any difference to a step-father relationship. They are biologically connected to their mother but not their father. The argument that a parenting father has been present since before conception, and is committed to the child, does not change this reality for the child (Callahan, 1992). Alteration of an original birth certificate is not an automatic option in step-parenting cases. Instead, a parenting order can be sought from the Family Court which gives legal responsibility to the step-father until the child is 18 years, or an application can be made for issuance of an additional birth certificate that reflects the mother's changed surname, if there is a second marriage.

So, while the legislation in Victoria and New South Wales is to be applauded; it is nonetheless based on an assumption that *all* donor offspring will be told of their donor assisted origins and will be in a position to make a choice to request information at 18 years. Currently, the numbers of donor insemination offspring not being told of their origins is significant; in coming decades it is likely that these numbers will continue to rise unless practices change. This is in line with the rise in the numbers of couples availing themselves of donor sperm, the prevailing trend of heterosexual couples to value secrecy and the contradictory nature of current practices and policy. The existence of records admits to a possible need to know while the existence of inaccessible records implies that genetic connections may be sufficiently strong so as to threaten the bonds of social relationships (Blyth, Crawshaw, Haase & Speirs, 2001).

Birth certificates can and do play a normative social role in Australian society. The general assumption and expectation is that a birth certificate contains factual birth information about genetic origins. The issuance of a birth certificate that honestly reflects child's genetic origins would help to ensure that couples choosing donor insemination are honest with their child, in line with NHMRC guidelines which state that they are *entitled* to know this information. As can be seen in the following sections, late discovery donor insemination offspring stories reflect their perception that this

information is a *right* that should not be withheld, that it is a *right* that others already take for granted. These NHMRC guidelines cannot be effective when couples continue to receive contradictory messages from government and institutions about the importance of truth and openness.

Trust

Intrinsic trust lies at the core of parenting and parent/child relationships. Trauma responses in children whose parental figures have betrayed intrinsic trust through acts of incest, violence or abandonment are well documented. Research on trauma and post traumatic stress responses defines intrinsic trust as 'our fundamental assumption about the world and our safety in it'. It is this type of trust that is violated in traumatic situations such as torture, terrorist acts, and brutal assaults. Feminist philosopher Dr. Susan Brison identifies some of the harms encountered through a violation of this type of trust as including 'cognitive and emotional paralysis', a loss of 'one's memories of an earlier life', an '[in]ability to envision a future', leaving one with 'no bearings by which to navigate' (1997 p.14-21). The significance and weight late discoverers place on trust supports a view that the late discovery experience can also involve the betrayal of a much deeper and more significant level of trust - *intrinsic* trust.

Karla says that she felt *'profoundly betrayed…the brunt of a 40 year joke'*, while Brenda experienced *'absolute disbelief…I had been mistrusted by not being told the truth and had spent my life living a lie'*. Cameron spent hours staring at himself in the mirror, thinking *'my whole life was a lie'*. Barbara identifies the way in which her ability to trust has been affected. She *'walk[s] away when challenged… is always on guard when in company but confident and carefree when people are not important or don't matter to [her]'*. Louise talks about her *'lifelong struggle with attachment and separation issues'*. Beth found out from her mother when she herself was considering using donor insemination. *'I am 27 years old…did it ever occur to you to mention this a little earlier?'* she asks. Heather was *'shocked'* by her mother's uncertainty over the identity of the donor…*'how could she*

deliberately conceive a child without knowing the other half of its biological origins?'

After disclosure, late discoverers may be confronted with a range of other losses. This is particularly true of those who experience disclosure later in life. Zoe expresses sorrow that finding out about her adoption in her forties left *'little time to try to find any birth parents…I did manage to meet my birth mother, and two sisters, but it was all too late. My birth mother was very old and sick… incoherent…and my birth sisters had had seriously sad and difficult lives'*. Ursula believes that *'the most serious injustice afforded to me by late disclosure is that it prevented me from meeting my father and other members of my paternal family and developing a meaningful relationship with them during his lifetime'*.

They may suddenly realise that their medical history has been 'faked', a fact that could have health consequences. Tina comments that she has now *'found out there [is] a history of mental illness in my natural family'*, while Eva was concerned for her own children. *'I was interested in any medical history…mainly to insure that my children were not carrying any genetic disorders'*. She found that her birth mother had a cardiac history. *'I am having my cholesterol level attended [to]… I too need to be aware of my cardiac status'*.

If the late discoverer then also has difficulty accessing birth records, locating birth relatives, or is prevented from doing so, this knowledge may have even deeper emotional and social impacts. Ursula felt *'a deep sense of loss and grief for the deliberately severed relationships with [her] unknown biological kinfolk'*. Beth's thoughts involved the number of lies that had been told by her mother. *'She'd lied on my medical forms…you lied, I said, you lied…how much of who I am comes from a man I've never met?'*

Wendy is searching for her father *'for medical/health reasons [and to] get*

some insight into my identity'. Ursula believes that she had been *'meandering through life with a semi-bogus family medical history, based partly on a man to whom I was not biologically related, [and this] could easily have had serious repercussions for me. It might have had a distinctly disruptive affect on the groundbreaking diabetic medical study I considered joining, which intended to research the hereditary pattern of the onset of the condition*'.

Following disclosure, the lack of transparency that existed throughout their lives becomes apparent. This brings awareness that they have been denied the opportunity to direct their own lives, which can cause anger and hostility. This can be exacerbated if there is a lack of acknowledgment or understanding from others - individuals, communities or institutions - or simply through the lack of an opportunity to be heard.

Sally received a letter from a government department to advise that a birth relative wished to contact her. Her adoptive mother refused to answer her questions about whether or not she was adopted and she was treated indifferently by the government worker she dealt with. *"She was not empathic, supportive or understanding; she just pushed my original birth certificate…across the counter and said 'this is you' "*.

Some late discoverers find it difficult to forgive those who kept the secret. Sally finds it hard to forgive her adoptive mother. *'Not that she adopted me… but the way she handled it and continues to handle it is unforgivable'*. Peter reveals that he has spent the last ten years in shock and anger, severing *'all ties with that part of [my] family'*. Felicity feels that she has lost the closeness that she once had with her mother. *'I try not to let it influence my feelings for her it just does and it is out of my control...'*.

Justice

Late discoverers often talk about the way in which they have had to struggle to [re]story their lives since disclosure, to overcome what they perceive as

an *imposed* identity. These feelings of an imposed identity can lead to demands for *recognition;* that they had a *right* to know about their genetic origins and a *right* to not have the narrative of their personal history falsified.

Brison (1997 p.23) comments that there can be enormous difficulty

> 'regaining one's voice, one's subjectivity, after one has been reduced to silence, to the status of an object, or worse, made into someone else's speech, an instrument of another's agency'.

Being reduced to silence; that is, denied autonomy, emerges as a significant feature in these late discovery stories when those affected perceive that they have been instrumentalised; that is, they have had important information withheld from them in order to protect or benefit others, usually to conceal the *stigma* of infertility and to protect the infertile.

Karla describes being *'shocked when…progressive thinking friends and colleagues did not see [the unfairness of this type of secrecy]…as self-evident'*. Ursula comments on *'the lack of respect for my missing genetic origins shown by society, the medical profession, the government and those who had personally sanctioned and enabled my artificial conception…I was the person named on my birth certificate but not the person described there, on a document which is supposed to be a true statement of my identity'*. Heather observes that she *'believe[s] that a person's biological parent(s), extended biological family and heritage are very personal to the individual and should never be deliberately compromised, denied, bought, bartered or traded in order to fill someone else's need'*. Wendy describes herself as an *'outcast'*.

Open access to knowledge of genetic origins is normative social practice in Australia. As contemporary society has normative values of openness, transparency in decision-making and access to relevant records, those who

are excluded from these normative values often express dismay, and make claims that they have the 'right' to such information. This is noted by American author and donor offspring activist Lynn Spencer (2007) in her recent book *Sperm donor offspring: identity and other experiences*. She writes

> 'donor offspring developed strong beliefs about their rights... They felt that their rights included knowledge of the truth about who their biological parents were and knowledge of their medical history…' (p.49).

One of the donor offspring in her book (p. 50) echoes this sentiment by commenting on how hypocritical it is to say that biological kinship is unimportant for them, when finding roots and genealogy is an obsessive industry throughout our culture, and a continuous human narrative.

In this author's research, Beth reflects this feeling, commenting that *"Children have the 'right' to know their biological parents not because nature has given them that right but because we consider it important in human society"*.

Perceptions of *imposed* identities, demands for *recognition*, and for the *right* to the truth of genetic origins are *justice* issues. These individuals perceive that they have not been given the same status, or seen as deserving of the same considerations, as others in society. Resolution of these perceptions is possible, but only if and when their concerns are recognised as *legitimate*. Such claims for recognition and justice resonate strongly with the Journey of Healing campaign waged by indigenous Australians.

Until healing recognition is offered and reflected in changed policies and practices, those who have experienced this type of secrecy, and those who may experience disclosure in the future through current practices, will continue to have difficulty regaining self-respect, trusting again, feeling

hope, feeling safe or forgiving (Brison, 1997, Walker, 2006).

Concluding remarks

This chapter has explored two major themes common to the stories told by late discoverers of adoptive status and late discoverers of donor insemination offspring status in my research. The first theme involves *betrayal of trust* and the second concerns *recognition and justice*. A range of implications emerge from these themes.

The first theme is linked to late discoverers' perceptions that a *betrayal of trust* occurred when information about their origins was *intentionally* withheld from them. These feelings of betrayal are not only directed at those closest to them who kept the secret, but also at government and institutions which actively enabled, and in some instances encouraged, this to happen. They demand that birth records and birth certificates should reflect an individual's genetic origins, as is normative social practice in Australia. Truthfulness and openness in this area would make it difficult for secrets to be kept and would be in line with NHMRC guidelines that children are *entitled* to know their origins. Further, it would bring insemination by donor practices into line with contemporary social understandings and expectations about openness and truthfulness, as has occurred in contemporary adoption practices.

The second theme involves *recognition and justice*. Public recognition that the practice of secrecy is not only harmful but also unjust would restore a sense of autonomy to those who have experienced the intentional concealment of knowledge of their genetic origins. Late discoverers will find it difficult to [re]story their lives until the injustice inherent in this type of secrecy is recognised as a social responsibility requiring social solutions. The anger, concern, and frustration combined with loss of trust and difficulty forgiving that characterises these and other late discovery stories, and which often remain unresolved even after many decades have passed since disclosure, give weight to this call for recognition and justice.

Not all late discoverers of adoptive or donor insemination offspring status experience the feelings and issues discussed above. Nevertheless the commonalities that emerge in the stories of these late discoverers of adoptive and donor insemination offspring status ought to challenge us to consider the ramifications of allowing donor insemination practices to continue in their current form.

Notes

The research study has been conducted through open 'conversations' with participants. Pseudonyms have been used to protect the identities of the research participants in the author's study. Each participant's current age and the number of years since disclosure is listed below to highlight the length of time these participants have continued to struggle to [re]story their lives.

Late discoverers of adoptive status….
Felicity (age 43, 9 yrs since disclosure), Rosemary (age 55, 29 yrs since disclosure), Sally (age 57, 8 yrs since disclosure), Cameron (age 45, 14 yrs since disclosure), Karla (age 40, 5 yrs since disclosure), Brenda (age 66, 11yrs since disclosure), Barbara (age 58, 31 yrs since disclosure), Louise (age 51, 23 yrs since disclosure), Tina (age 49, 16 yrs since disclosure), Zoe (age 61, 16 yrs since disclosure), Eva (age 45, 15 yrs since disclosure), Peter (age 50, 10 yrs since disclosure)

Late discoverers of donor insemination offspring status…
Heather (age 42, 24 yrs since disclosure), Adam (age 29, 4 yrs since disclosure), Ursula (age 53, 12 yrs since disclosure), Wendy (age 24, 4 yrs since disclosure), Beth (age 40, 13 yrs since disclosure)

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